



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: GREENE COUNTY GENERAL HOSPITAL

City of Hospital: Linton

Year Begin: 01/01/0021 (mm/dd/yyyy format)

Year End: 12/31/2021 (mm/dd/yyyy format)

Person Completing the Report: Amy Goodman

Email Address: amy.goodman@mygcgh.org

Medicare Provider Number: 15-1317

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		2. Deductions From Revenue	
Inpatient Patient Service Revenue	\$18788611.30	Contractual Allowance	\$81830836.8
Outpatient Patient Service Revenue	\$112635090	Other Deductions	\$0
Total Gross Patient Service Revenue	\$131423701.3	Total Deductions	\$81830836.8

3. Total Operating Revenue	
Net Patient Service Revenue	\$49592864.9
Other Operating Revenue	\$3819485.48
Total Operating Revenue	\$53412350.38

4. Operating Expenses	
-----------------------	--

Salaries and Wages	\$22971601.7	Employee Benefits	\$4508445.38
Depreciation and Amortization	\$1641847.91	Interest Expense	\$267821.10
Bad Debt	\$6947030.94	Other Expenses	\$19401192.8
Total Operating Expenses	\$55737939.83		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-3628234.0	Total Assets	\$38398626.5
Net Non-operating Gains over Loss	\$4555978.18	Total Liabilities	\$27021567
Total Net Gains	\$927744.18		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$59272089.5	\$36905707.4	\$22366382.1
Medicaid	\$12748099.0	\$7937591.18	\$4810507.82
Other Government	\$0	\$0	\$0
Other State	IN	\$0	\$0
Other Payers	\$59403513.2	\$36987538.2	\$22415975
Total	\$0	\$81830836.78	\$-81830836.78

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	9932
Number of Citizens Exposed to Health Education Messages	30786

Statement Six: Charity Statement

Hospital Charity Charges	\$221979.43
--------------------------	-------------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		

Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

//